



**COUNTY OF SAN DIEGO**  
**DEPARTMENT OF PLANNING AND LAND USE: Zoning**  
**CONDITION SATISFACTION APPLICATION**  
**INITIAL SUBMITTAL FORM**

Case Numbers	DPLU	DEH	PARKS
_____	_____ F/D/TM	_____ F/D/TM	_____ F/D/TM
_____	_____ F/D/TM	_____ F/D/TM	_____ F/D/TM
<b>DEPARTMENT USE ONLY</b>			
	_____ + DPLU	_____ + DEH	_____ + PARKS/OTHER
			TOTAL _____ =

**Project Name:** \_\_\_\_\_

**Project Number(s):** \_\_\_\_\_

**Project Address & Nearest Cross Street** \_\_\_\_\_

**Assessor's Parcel No** \_\_\_\_\_

**Financial Responsibility:** Owner ☐ Applicant ☐ **Project Contact:** Owner ☐ Applicant ☐

**Owner's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Owner's E-mail Address** \_\_\_\_\_ **Owner's Fax Number** \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
(If different from owner.)

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Applicant's E-Mail Address** \_\_\_\_\_

**The following are required attachments to the Condition Satisfaction Application:**

- ☐ A complete copy of the Resolution of Approval/Form of Decision with the proposed condition(s) highlighted.
- ☐ **If the proposed condition(s) have not been highlighted, the submittal cannot be accepted.**
- ☐ Evidence of compliance with Condition *(Please refer to the condition(s) language for specific evidence that will be required in order to satisfy the condition(s)).*
- ☐ List the Condition Numbers \_\_\_\_\_

**Customer Comments:**

**I declare under penalty of perjury under the laws of the State of California that the statements made as part of this application are true and correct. I hereby agree to provide the indemnification as required by Chapter 2 of Division 6 of Title 8 of the San Diego County Code.**

\_\_\_\_\_  
*Signature of Owner or Authorized Agent.*  
*(If Agent signs, attach Letter of Authorization)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print or type Signator's Name*



DPLU 241R (11/09)

**FOR DEPARTMENT USE ONLY**

**For Questions Contact: PERMIT COMPLIANCE COORDINATOR, (858) 694-3011**

**Kiva Project Number:** \_\_\_\_\_

**Is this a FEE Account?**      YES ☐      NO ☐      If yes, attach copy of receipt to this application

**Is This a Deposit Account?**      YES ☐      NO ☐      If yes, KIVA ACCOUNT # \_\_\_\_\_

**Technician Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Technician's Name*

\_\_\_\_\_  
*Date*



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